

DRE Evaluations: What does the Drug Driver in Alaska Look Like?

Betty J. Buchan*¹ and Steve Dunn². ¹University of Alaska Anchorage, Anchorage, Alaska, U.S.A.; ²Anchorage Police Department, Anchorage, Alaska, U.S.A.

Abstract

Objective: This study characterizes and describes the extent and manner of drug impaired drivers and Drug Recognition Expert (DRE) evaluations in Alaska and the impact on traffic safety.

Introduction: One of the ways in which drug and alcohol use damages the larger society is the impact of use in increasing the number of dead and injured from vehicular crashes caused by or associated with the use of alcohol and drugs while driving. Alaska implemented the Drug Recognition Expert evaluation program in 2004 as an added effort to reduce the public health impact of drug impaired drivers. This law enforcement program has identified problematic areas of drug impaired drivers that allow public health efforts to specifically target a population.

The 2006 state population estimate for Alaska is 670,053, of which 282,813 (42.2%) reside in the greater Anchorage bowl. Alaska has a very limited highway system with 12 highways in the state; only 4 of which are considered well developed highways. Many communities and villages are only accessible by air or water. DRE evaluations occur in Alaska in primarily 3 geographic areas: Anchorage and the Matanuska-Susitna Valley (55%), greater Fairbanks area (22%), and Juneau (7%). The Alaska State Troopers, who have jurisdiction statewide, produced approximately 16% of the DRE evaluations. Within Anchorage, the Anchorage Police Department conducted the most DRE evaluations (40.5%).

Methods: Data was collected from the Drug Recognition Expert (DRE) program in Alaska from January 2004 to July 2007 (n=361) and provides a descriptive portrait of drug impaired drivers in Alaska and the injury and loss of life caused as a result of drug impaired drivers.

Results: Alaska is a young state (median age = 33.5) compared to the national median age of 36.2 years. And the portrait of the United States is predominately white (80.2%) compared to the general population of Alaska which is only 66.4% white. DRE evaluations for this time period were conducted on a population of reckless drivers (n=361) who were 82.3% white. The Alaska Native population makes up approximately 15% of the state population but only 5% of the DRE evaluation population reported here. Alaska's general population is split almost equally between males (51.3%) and females (48.7%) but those who received DRE evaluations during this time period were 63.4% male.

During this time period, just under 4% of the DRE evaluations in Alaska were collision evaluations (compared to the national average of 8.7%), however, 71.4% of those evaluations were toxicology positive (compared to the national average of only 30.6%).

Of the drug classes identified, depressants were most commonly identified among whites and keeping in mind the Alaska Native sample size is very small, cannabis was most often identified

among Alaska Natives. Cannabis (36.8%) was the class most identified among males and depressants (38.5%) was the class most identified among females.

However, 30.4% of all drugs DRE identified with Lab confirmation, were in the class of depressants followed closely behind by cannabis at 27.0%. The age group most often evaluated was 20-29 years old (34.1%).

Almost thirty-four percent (33.8%) of the DRE evaluations in Alaska were poly drug use compared to the national average of just 28.1%. The most common combinations included alcohol, depressants, marijuana, and methamphetamines.

Unintentional injury was the 3rd leading cause of death in Alaska in 2004 (n=333). Of those deaths, 122 (37%) were due to motor vehicle crashes; and of the 122 fatalities, 37% were alcohol related (www.nsc.org).

Conclusions: Alaska now uses the expertise of 29 Drug Recognition Expert (DRE) law enforcement officers to help evaluate the impact of driving under the influence of alcohol and drugs on public safety on our roadways and to assist public health practitioners in identifying effective prevention programs.

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